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APPLICANTS

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** CONTINUING DATA ***** *none pmc*** FOREIGN APPLICATIONS ***** *none pmc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>pmc</i>	NY	10	22	5
	Examiner's Signature <i>pmc</i>	Initials			

ADDRESS

30206
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TITLE

Diagnostic method for detection of multiple defects in a Level Sensitive Scan Design (LSSD)

FILING FEE RECEIVED 978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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